

MAXIMUS FEDERAL SERVICES, INC.
Independent Bill Review
P.O. Box 138006
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(855) 865-8873 Fax: (916) 605-4280

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

July 18, 2022

REDACTED
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IBR Case Number	CB22-0000143
Claim Number	REDACTED
Assignment Date	06/07/2022
Claims Administrator	REDACTED
Date(s) of service	10/26/2021 - 10/26/2021
Provider Name	REDACTED
Employee Name	REDACTED
Disputed Codes	MLPRR and ML203-95
Date of Injury	06/28/2019
Application Received	01/26/2022

Dear REDACTED:

MAXIMUS Federal Services has completed the Independent Bill Review (“IBR”) of the above Workers’ Compensation case. This letter provides you with the IBR Final Determination and explains how the determination was made.

Final Determination: OVERTURN. MAXIMUS Federal Services has determined that additional reimbursement is warranted. The Claims Administrator’s determination is reversed and the Claim Administrator owes the Provider additional reimbursement of \$180.00 for the review cost and \$1,007.00 in additional reimbursement for a total of \$1,187.00. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **\$1,187.00** within 45 days of the date on this letter per section 4603.2 (2a) of the California Labor Code. The determination of MAXIMUS Federal Services and its expert reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties. In certain limited circumstances, you can appeal the Final Determination.

Appeals must be filed with the Workers' Compensation Appeals Board within 20 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4603.6(f).

Sincerely,

MAXIMUS Federal Services

Cc: REDACTED
REDACTED

DOCUMENTS REVIEWED

Pertinent documents reviewed to reach the determination:

- The Independent Bill Review Application
- The original billing itemization
- Supporting documents submitted with the original billing
- Explanation of Review in response to the original bill
- Request for Second Bill Review and documentation
- Supporting documents submitted with the request for second review
- The final explanation of the second review
- OMFS

HOW THE IBR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services Chief Coding Specialist reviewed the case file and researched pertinent coding and billing standards to reach a determination. In some cases a physician reviewer was employed to review the clinical aspects of the care to help make a determination. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

ANALYSIS AND FINDING

Based on review of the case file the following is noted:

- **ISSUE IN DISPUTE: Provider is seeking remuneration for MLPRR and ML203-95 submitted for date of service 10/26/2021.**
- Opportunity to Dispute Eligibility was communicated with the Claims Administrator on 05/20/2022. Response not yet received.
- CMS 1500, place of service 11
 - ML203-95
 - MLPRR x 119
- EORs reflect zero reimbursement with the rationale: precertification/notification/authorization absent.
- CCR §9795
 - ML203: Fees for Supplemental Medical-Legal Evaluations (\$650).
 - The fee includes services for writing a report after receiving a request for a supplemental report from a party to the action or receiving records that were not available at the time of the initial or follow-up comprehensive medical-legal evaluation. Fees will not be allowed under this section for supplemental reports: (1) following the physician's review of information which was available in the physician's office for review or was included in the medical record provided to the physician prior to preparing a comprehensive medical- legal report or a follow-up medical-legal report; or (2) addressing an issue that was requested by a party to the action to be addressed in a prior comprehensive medical-legal evaluation, a prior follow- up medical-legal evaluation, or a prior supplemental medical-legal evaluation. Failure to issue a supplemental report upon request because of an inability to bill for the report under this code would constitute grounds for discipline by the Administrative Director or his or her designee. The fee includes review of 50 pages of records. Review of records in excess of 50 pages that were received as part of the request for the supplemental report shall be reimbursed at the rate of \$3.00 per page. When billing under this code, the physician shall include in the report a verification under penalty of perjury of the total number of pages of records reviewed by the physician as part of the supplemental medical-legal evaluation and preparation of the report.
 - ML-PRR (\$3.00 per page) Record Review.
 - This billing code used to identify charges for review of records in excess of pages included in medical-legal numerical billing codes. Excess pages are billed at three dollars per page.
- Submitted letter from the Defense Attorney dated 08/24/2021 indicates: “I would like to thank you for agreeing to serve as the PQME for this workers’ compensation claim. I have enclosed the limited medical information in my file...please review all materials...”
- Submitted QME Supplemental Report dated 10/26/2021 indicates: “Pursuant to 8 Cal Code Regulations, I am submitting this report as an ML-203-95 Supplemental Medical-Legal Evaluation conducted by a Qualified Medical Evaluator. After the issuance of my prior report(s), I have been asked to issue a Qualified Medical Evaluation Supplemental Report...I (Name Redacted) verify under penalty of perjury that the documents I have received for the purposes of authoring this Supplemental Report is a total of 169 pages, as sent by the parti(es)...”
- Report appears to meet the criteria of a Supplemental Med-Legal Evaluation. **ML203-95 Overturned.**

- Submitted attestation from the Defense Attorney dated 08/24/2021 reflects: “I declare that the total page count of the documents provided to the physician is 169...”
- MLPRR is utilized when the number of records received exceeds the 50 pages that are included under ML203. Attestation from the Defense Attorney reflected that there was a total of 169 pages of records received for review. Provider billed for 119 pages of record review. **MLPRR Overturned.**
- Zero reimbursement received. Reimbursement is due up to the MLFS.
- **Based on the aforementioned documentation and guidelines, reimbursement is indicated for MLPRR and ML203-95.**

The table(s) below describe the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: MLPRR and ML203-95

Date of Service: 10/26/2021

Med-Legal

Service Code	MLPRR
Provider Billed	\$357.00
Plan Allowed	\$0.00
Dispute Amount	\$357.00
Assist Surgeon	N/A
Units	119
Workers' Comp Allowed Amt.	\$357.00
Notes	Overturn \$3.00 (per page record review) * 119 (pages of records reviewed) = \$357.00 Due Provider Refer to Analysis

Service Code	ML203-95
Provider Billed	\$650.00
Plan Allowed	\$0.00
Dispute Amount	\$650.00
Assist Surgeon	N/A
Units	1
Workers' Comp Allowed Amt.	\$650.00
Notes	Overturn \$650.00 (MLFS) Due Provider Refer to Analysis

Copy to:

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